

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/594616	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1					
2		1		1				
3		1						
4		1						
5		1		1				
6		1						
7		1						
8		1						
9		1						
10		1						
11		1						
12		1		1				
13		1		1				
14		1		1				
15		1		1				
16		1		1				
17		1		1				
18		16						
19		16		8				
20		16		8				
21		16		6				
22		16						
23		16						
24		16						
25		16						
26		16						
27		16						
28		13						
29		13		3				
30		13		3				
31		13						
32		13		3				
33		1						
34	1		1					
35		1		1				
36		1						
37		1						
38		1		1				
39		1		1				
40		1		1				
41		1						
42		1						
43		1						
44		2		①				
45		1						
46	1		1					
47		1						
48		1		1				
49		1		1				
50		2		2				
TOTAL IND.	3	↓	3	↓	0	↓		
TOTAL DEP.	259	←	48	←	0	←		
TOTAL CLAIMS	262		51		0			
51		1		1				
52		1						
53		1						
54	1		1					
55		1						
56		1						
57		1		1				
58		1						
59		1		1				
60		1						
61		1		1				
62		3						
63		1						
64								
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96								
97								
98								
99								
100								
TOTAL IND.	1	↓	1	↓	0	↓		
TOTAL DEP.	14	←	4	←	0	←		
TOTAL CLAIMS	15		5		0			